U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/387	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John Malcolm	Name Iron Workers AFL-CIO LU 480
	Labor Organization File Number 035-299
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 730 Federal Avenue	Street 730 Federal Avenue
Clty Kenilworth	City Kenilworth
State New Jersey ZIP Code + 4 07033-1716	State
5. Position in labor organization. Business Mgr/Financial Secty	Treas
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street	
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents) has been examined by the pigneton, and in the thirt are the
Signed July Mpledle	On <u>9//2/0.5</u> 908-245-0027 Date Telephone Number

Name of Person Filing John Malcolm		File Number U -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or firectly to, or otherwise	S
8. Name and address of Business (including trade name, if any). Name Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Park Avenue City New York State New York ZIP Code + 4 10016	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Iron Workers District Council of Northern NJ Trade Name, if any: Health Welfare and Pension Funds P.O. Box, Bldg., Room No., if any	Performs consultin Welfare and Pensio	g and advisory services for the n Funds
Street 12 Edison Place	11.b. Approximate dollar valu	e of such dealing
City Springfield	12.a. Nature of interest held	Grang Anni quanti a suma propriati mana ding ang ang ang ang ang ang ang ang ang a
State New Jersey ZIP Code + 4 07081-1310	Value of meals pro	vided at meetings
	12.b. Amount.	\$203
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	The All and state of the All Engineers and the Company of the Company of the All Engineers and the Company of the Compan
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name A Healthcare	Health Care Consu Dinner while atte Conference.	ltant nding National Building Trades
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street 499 Washington Blvd City Jersey City State New Jersey ZIP Code + 4 07310		
13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.	\$233

Name	of Person	Filina	John	Malcolm
1401110	01 1 01001	1 1111111111111111111111111111111111111	13 (3511)	349 T GO L M

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MBIA Securities Corp. 1 ACRES ASSESSED	a. Labor Organization	
Trade Name, if any:	Baland	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 113 King Street	c. Employer	
City Armonk		
State New York ZIP Code + 4 10504		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Performs investment consulting and advisor services for the Welfare and Pension Funds	
Trade Name, if any: Health Welfare and Pension Funds		5
P.O. Box, Bldg., Room No., if any		
Street 12 Edison Place		
City Springfield	approximation and the control of the	andrigg profigures secures 2, 2 to 2
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	or or market
	12.a. Nature of interest held or income received.	
	Value of meals provided at meetings	Ì
	12.b. Amount.	\$85

Name of Person Filing John Malcoln	Name of	Person	Filing	John	Malcoln
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Buckhead Capital Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1545 Peachtreet Street NE, Suite 55 City Atlanta State Georgia ZIP Code + 4 30309	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Performs investment consulting and a services for the Welfare and Pension	idvisory Funds
Trade Name, if any: Health Welfare and Pension Funds		
P.O. Box, Bldg., Room No., if any		
Street 12 Edison Place		
City Springfield		
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	Service (Service Service Construction Constr
	12.a. Nature of interest held or income received.	
	Value of meals provided at meetings	
	12.b. Amount.	\$150

Name	of	Person	Filina	John	Malcolm

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ark Asset Management Co., Inc	a. Labor Organization	
Trade Name, if any:	- Alberta	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 125 Broad Street	c. Employer	
City New York		
State New York ZIP Code + 4 10004		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Performs investment consulting and services for the Welfare and Pensi	advisory on Funds
Trade Name, if any: Health Welfare and Pension Funds		
P.O. Box, Bldg., Room No., if any		
Street 12 Edison Place		
City Springfield	The state of the s	ongo lan matamanan ang sa maganan ang sa maganan ang sa maganan ang sa
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	g ga na ann ann ann ann ann an an an ann a
	Value of meals provided at meeting	S
	40 h America	The state of the s
	12.b. Amount.	\$150

Name of	Person	Filina	John	Mal	colm

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Horizon Blue Cross Blue Shield Trade Name, if any: P.O. Box, Bldg., Room No., if any 1609 Street City Newark State New Jersey ZIP Code + 4 07101	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	······································
Name Iron Workers District Council of Northern NJ Trade Name, if any: Health Welfare and Pension Funds P.O. Box, Bldg., Room No., if any Street 12 Edison Place City Springfield	Performs Health Care consulting fo Pension Funds	r the Welfare and
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	of a finite amount of common with the good, and common activities a common of good and activities and activities.
	Value of meals provided at meeting Golf Outing - \$150	s - \$130
	12.b. Amount.	\$280

Name	of Person	Filing	Tohn	Malcolm
Hanne	OI & CIGOII	1 1111111	HOUR	- Matcolm

Part B Continuation Page

	The state of the s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bank of New York	a. Labor Organization	
Trade Name, if any:	a, Last Ciganization	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street One Wall Street	c. Employer	
City New York		
State New York ZIP Code + 4 10286		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Performs custodial services for the Welfare and Pension Funds	
Trade Name, if any: Health Welfare and Pension Funds		***************************************
P.O. Box, Bldg., Room No., if any		-
Street 12 Edison Place		
City Springfield		
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Value of meals provided at meetings	

	12.b. Amount.	75

Name	of	Person	Filina	John	Mαl	aa1 m
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Lazard Freres Asset Management	a. Labor Organization	
Trade Name, if any:	C. Labor Organization	
P.O. Box, Bldg., Room No., if any	🔀 b. Trust	
Street 30 Rockefeller Plaza	c. Employer	
City New York		
State New York ZIP Code + 4 10020		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	. 1146
Name Iron Workers District Council of Northern NJ	Performs investment consulting and services for the Welfare and Pensi	advisory on Funds
Trade Name, if any: Health Welfare and Pension Funds		경영: 현실: 1
P.O. Box, Bldg., Room No., if any		
Street 12 Edison Place		
City Springfield		
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Value of meals provided at meeting	s
	12.b. Amount.	\$75

Name of	Person	Filina	John	Mal	colm

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fox Asset Management	a Lohar Organization	
Trade Name, if any:	a. Labor Organization	
D.O. Pov. Pide. Door No. House	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 44 Sycamore Avenue	c. Employer	
City Little Silver		
State New Jersey ZIP Code + 4 07739		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Performs investment consulting and services for the Welfare and Pensi	advisory on Funds
Trade Name, If any: Health Welfare and Pension Funds		
P.O. Box, Bldg., Room No., if any		
Street 12 Edison Place		
City Springfield		and the first transfer and the second
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Value of meals provided at meeting	S :
	12.b. Amount.	\$120

Name	of	Person	Filing	John	Male	രവിത

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	_
grade to be to be to be to be the property of		
Name Moore Stephens, PC	a. Labor Organization	
Trade Name, if any:	8.000/I	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 340 North Ave	c. Employer	
City Cranford		
State New Jersey ZIP Code + 4 07016-2496		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Northern NJ	Fund Accountant for Welfare adn Pension Funds.	e e constantination for
Trade Name, if any: Health Welfare and Pension Funds		2
P.O. Box, Bldg., Room No., if any		www.min.org
Street 12 Edison Place		* ***
City Springfield		
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf Outing and Dinner	
		-
	12.b. Amount. \$165	<u></u>

Name of Person Filing	John	Malcolm	

Part B Continuation Page

	9. Business deals with:	***************************************
Name and address of Business (including trade name, if any).	9. Dusilless deals with.	
Name Iron Workers District Council of Northern NJ	No. I abor Organization	
Trade Name, if any: Health Welfare and Pension Funds	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12 Edison Place	c. Employer	
City Springfield		
State New Jersey ZIP Code + 4 07081-1310		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trustee of Iron Workers District C Welfare and Pension Funds	ouncil Health and
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	referred to promote the second of the second
	Value of expenses related to atten Trustee meetings.	dance at Board of
		Method of the format of the state of the sta
	12.b. Amount.	\$232

Name	of	Person	Filina	John	Mal	aol m
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Iron Workers District Council of Northern NJ	a Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 12 Edison Place	c. Employer
City Springfield	
State New Jersey ZIP Code + 4 07081-1310	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trustee of Iron Workers District Council Apprentice Fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Value of expenses related to Attendance of Apprentice Graduation.
	12.b. Amount. \$51

Name	of Perso	on Filing	Tohn	Mal	colm

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers District Council of Northern NJ	a. Labor Organization	
Trade Name, if any: Health Welfare and Pension Funds	an auton origination	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12 Edison Place	c. Employer	
City Springfield		
State New Jersey ZIP Code + 4 07081-1310		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trustee of Iron Workers District C Welfare and Pension Funds	ouncil Health and
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street The street of the str		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	gelika milikak magina masa makakina asaliha kasakina asaliha a akasakina a kasakina kasakina a sa sa sa sa sa s
	Value of expenses related to atten International Foundation Conference	dance of
	International Foundation Conference	e.
		and the second section of the second section s
	12.b. Amount.	\$4,352

Name	of	Person	Filina	John	Malcolm

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name StoneRidge Investment Partners	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	(X) b. Trust			
Street 7 Great Valley Parkway	c. Employer			
City Malvern State Pennsylvania ZIP Code + 4 19355				
The production of the producti	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers District Council of Northern NJ	Performs investment consulting and advisory services for the Welfare and Pension Funds			
Trade Name, if any: Health Welfare and Pension Funds				
P.O. Box, Bldg., Room No., if any				
Street 12 Edison Place				
City Springfield				
State New Jersey ZIP Code + 4 07081-1310 11.b. Approximate dollar value of such dealing.				
	12.a. Nature of interest held or income received.	mikakan makatan makan 1989 ka mankat karenan 1981 a mankat 1988 ka 19		
	Value of meals provided at meeting	3		
	12.b. Amount.	\$75		

Name of Perso	n Filina	John	Malcolm
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Smith Barney Group Trade Name, if any: P.O. Box, Bidg., Room No., if any 948 Street 325 Columbia Turnpike City Florham Park State New Jersey ZIP Code + 4 07932	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Iron Workers District Council of Northern NJ	Performs investment consulting and advisory services for the Welfare and Pension Funds			
Trade Name, if any: Health Welfare and Pension Funds P.O. Box, Bldg., Room No., if any Street 12 Edison Place City Springfield				
State New Jersey ZIP Code + 4 07081-1310	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received.	m Danney a season keep a grant and a grant		
	Golf Outing			
	12.b. Amount.	\$150		

LM-30 Attachment

Ending date of report period: 12/31/04 LM-30 File Number: To be assigned

LM-30 Items Number

8, 9, 11a and 11b

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.